

Produce Safety
Worker Training Record (REQUIRED)

Frequency: upon hiring, annually, and as needed.

Name and Address of Farm: _____ Date: _____

Training Time: _____ Trainer: _____

Topics Covered in Training: _____

Training materials: (Please attach any materials related to the training.)

Type of Training: ☐ Annual ☐ Monthly ☐ Weekly ☐ New Employee ☐ Corrective Action Response

Employee Name (please print)

Employee Signature

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Reviewed By:		Title:		Date:	
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